

Wisconsin Council on Children's Long-Term Support Needs  
Council Meeting

**Draft Minutes**

Friday December 9, 2005  
American Family Insurance Complex, Room A3151  
10:00 a.m. – 3:00 p.m.  
Madison, WI

Present: Liz Hecht, Chair – Members: Lynn Breedlove, Hugh Davis, Sharon Fleischfresser, Melanie Fralick, Pam Garman, Sue Gilbertson, Keith Keller, Sally Mather, Marge Hannon Pifer, Carrie Pomije, John Shaw, Michelle Sturz, Julie Turkoske, Michelle Urban, Beth Wroblewski, Deana Yost

Guests: Angie Dombrowicki, DHFS, Sharon Ryan, DHFS  
Staff: Kristina Stuart, DHFS

I. Opening Comments, Announcements

- Will have a pre-session on Medicaid Home and Community-Based Services Waivers prior to the full Council meeting March 21, 2006
- Will send postcards with meeting date options for Council members
- Perhaps have a Joint Session with Council on Long-Term Care in the future
- Once Council website is completed, we will announce how to access
- Public forum suggested in collaboration with Family Voices and Survival Coalition at Circles of Life Conference

II. Department of Health and Family Services Initiatives

- Presentation: Aging and Disability Resource Centers (ADRCs), Sharon Ryan, DHFS, Managed Care Section
  - DHFS Website has additional information about the ADRCs at [www.dhfs.state.wi.us](http://www.dhfs.state.wi.us)
  - Background for ADRCs: People needed information and a single entry point to access the long-term care system; adults with disabilities and elderly get information and assistance.
  - ADRCs provide:
    1. Outreach and public education in addition to information and assistance.
    2. Aging and aging and disability benefit specialists that provide access to public benefits.
    3. Provide long-term care options counseling.
    4. Elder abuse and adult protective services.
    5. Prevention and early intervention.

6. Provide transitional services starting at 17 years, 9 months to help with transitions that occur between the children's world and the adult world.
  7. Use Long-Term Care Functional Screen
- Scope of services: 75% of people who contact ADRCs will not enroll in any program; 65% of people in Family Care have co-morbidity with mental health issues.
  - All Family Care Programs have an ADRC; Family Care is in 5 counties. Family Care is for adults in that county. Council members would like more information about Family Care. Council members will receive more information about Family Care at the next meeting.
  - Wisconsin has received an ADRC grant from Administration on Aging; encouraging counties to set up regional ADRC consortiums instead of county by county.
  - 10 new ADRCs in 2005; two are consortiums. They have 3 years to ramp up to serve aging, mental health, physical and developmental disabilities.
  - The plan is to eventually have ADRCs statewide (maybe by 2010)?
  - Majority of people have initial contact by phone, then workers go out to home.
  - "Virtual Resource Center" – Can search by county for all services available through the Internet soon. Will be tested in Spring 2006, live mid-summer 2006.
- SSI Managed Care, Angie Dombrowicki, DHFS, Health Care Financing
    - See presentation: "SSI Managed Care Expansion"
    - Managed Care – people pay a fixed capitation rate.
    - This was part of a budget initiative; very few people disenroll.
    - Purpose of SSI Managed Care: save state money, good continuity and coordination of care.
    - For new counties coming on board, county matched programs like CCS will be included in the package of services delivered.
    - Best interest of family is considered where appropriate
    - Possible for future: if not duplicating services, may be possible for children in waiver programs to participate in this in the future
  - Medicaid Information, Marge Hannon Pifer, DHFS, Health Care Financing
    - Letter, National Governor's Association to US House and Senate leaders re: Federal Medicaid initiatives.
      - House and Senate bills have many provisions that would change the way state Medicaid would be implemented potentially effective January 1, 2006.
    - Wisconsin Dept. of Administration proposed DHFS cut \$10 million in Home Care Benefits: private duty nursing, home care, and personal care. The Legislature upped this to \$16 million, and Doyle finalized a proposal

that \$10 million should be cut from home care, and \$6 million somewhere else from Medicaid

- Medicaid is very concerned about how this is going to be implemented; Have consulted consumer advisory committees, Asked the home care associations, Issued a “Request for Information”
- Options: Care management – by private corporations could be effective - Home health care and private nursing benefit would have to be adjusted
- Telephony is an alternative also – Telephone care management system. Being done in NY and SC currently. This could be coordinated with the billing system. Test of telephony in Milwaukee currently underway.
- Adding a personal care section to the Long-Term Care Functional Screen

**WHO IS INTERESTED IN FOLLOWING-UP WITH HOME CARE CUTS:**

Deanna Yost, Carrie Pomije, Melanie Fralick, Julie Turkoske, Sue Gilbertson

- Long-Term Care RFI, Beth Wroblewski, DHFS Children’s Services Section
  - Information for Requests for Information and Proposal – This is available on the DHFS website, including webcasts of presentations on this topic area. [www.dhfs.state.wi.us](http://www.dhfs.state.wi.us)
  - At March, 21 2006, the Council will discuss more thoroughly.
  - Members interested in working on this: Pam Garman, Keith Keller, John Shaw, Sally Mather, and Sue Gilbertson

**WHO IS INTERESTED IN FOLLOWING-UP WITH RFI ISSUES:** Pam Garman, Keith Keller, John Shaw, Sally Mather, Sue Gilbertson

**III. Children’s Services Section Update**

- Federal Waiver Renewals being processed for Children’s Long-Term Support Waiver; still issues relating to a county operated system with CMS relating to hiring providers and making payment to counties. This is an issue for all DHFS Waivers that DHFS is addressing with CMS. Children’s Long-Term Support Waivers are due to be renewed by November 2006.
- Contracting with Marquette University for mediation services for CLTS Waivers (spring 2006). Need a friendlier version of procedures, rights and responsibilities. Council could give input on developing a parent friendly material to use to describe the gamut of dispute resolution options
- “Thoughtful Limits” – Restraints/Seclusion issues are being addressed. Paul White from Waisman Center working DHFS on policy. Offer to become part of group working on this.

- Statewide teleconference for counties in Nov. 2005 – Updated Critical Incident Report developed for children. **EMAIL OUT TO COUNCIL**
- Autism Council – Next meeting is Jan. 9, 2006. Focusing on Exceptions Policy for Intensive In-Home Autism Treatment Services, and where treatment should be delivered (i.e. at home, day care). Also looking at availability of line staff. How can the two councils share information and resources? Maybe there could be joint attendance.
- Children’s Long-Term Support Pilots – High level involvement by county agencies to make effective change. Need to provide flexibility across systems.
  - Q: Could the CLTS Council help simplify/consolidate/integrate the issues that the pilots are working on? Future agenda item...possibility of recommending to DHFS to help simplify this issue of working across waivers, etc.?
  - How to we capture lessons learned/what’s working/not working, etc with pilots? Let’s work to help promote learning/effective strategies.
  - Let’s prepare information to disseminate to parents about what the CLTS pilots are doing in language that parents could understand. Could be disseminated through Survival Coalition. Look at materials that counties shared at Pilot Kick Off meeting; share with Council? Add contact information

#### IV. CLTS Family Survey comments:

- What is purpose of so much effort describing the child--reduce these?
- Add more about living arrangements, where, safe, transportation
- Use sample questions from other surveys a larger set so there is a comparison group SLAITS transition questions
- Add questions on respite
- Child’s involvement in decision-making
- Think about size of survey, some questions for all families, some just for waiver
- Get input during recertification, don’t depend on website input
- Health-many questions very hard to answer or determine--need accurate response options
- Quality of life--don’t assume child wants friends
- Is this to measure satisfaction? Compliance to CMS; QA;
- Satisfaction with medial professional’s attitudes toward child and primary care
- Need to “boil down” too many questions. Ask questions that we can work on
- Questions too sophisticated high level of knowledge
- Out of home care placements, proximity to family, school they did attend, why placed
- Too weighted to health, look more at quality of life in community
- Add how this might be used
- P.3, “happy;” Does child demonstrate a variety of emotional responses?

- P.7, “choice;” Family may request a variance to SC, know where to file a grievance/appeal, thoughtful limits?
- P. 5c, make sure to ask Q about behavior limits
- P.6, seems like everyone worries about-comparability between populations

**ADD: Pam Garman to Quality Assurance subcommittee**

- **Outcomes Tool:** Revised outcome tool was disseminated to participants...questions help us think about if the system is working in a way to help families. Complete review of outcomes. Do we have a way of measuring and assessing each of these items?

**III. Functional Screen Demonstration postponed due to technical difficulties**

**Next Meeting: March 21, 2006 Location TBD**